



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2015 (mm/dd/yyyy format)

Year End: 09/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$957467159
Outpatient Patient Service Revenue	\$111058362
Total Gross Patient Service Revenue	\$1068525521

2. Deductions From Revenue

Contractual Allowance	\$132654797
Other Deductions	\$42832242
Total Deductions	\$175487039

3. Total Operating Revenue

Net Patient Service Revenue	\$698671595
Other Operating Revenue	\$56250375
Total Operating Revenue	\$754921970

4. Operating Expenses

Salaries and Wages	\$238502385	Employee Benefits	\$68864062
Depreciation and Amortization	\$40883904	Interest Expense	\$6964472
Bad Debt	\$5258140	Other Expenses	\$300702665
Total Operating Expenses	\$661175628		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$108603354	Total Assets	\$123841172
Net Non-operating Gains over Loss	\$-20870032	Total Liabilities	\$457264947

Total Net Gains	\$87733322
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$972186213	\$740144775	\$232041438
Medicaid	\$303751629	\$200144135	\$103607494
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$792113939	\$386259064	\$405854875
Total	\$2068051781	\$1326547974	\$741503807

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$23038	\$1927964	\$-1904926

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2266561	\$8522315	\$-6255754
Hospital Patients	\$0	\$0	\$0
Community Education	\$16674	\$172991	\$-156317

Number of Medical Professionals Trained	30949
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	14534

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11041009	
HCI Payments	\$0		
Subtotal	\$0	\$11041009	\$-11041009
Medicaid Shortfalls	\$88975429	\$108981960	
Subtotal	\$88975429	\$120022969	\$-31047540
DSH Payments	\$5,164,638		
Subtotal	\$94140067	\$120022969	\$-25882902
Medicare Shortfalls	\$246673503	\$310817087	
Other Government Programs	\$0	\$0	
Total	\$340813570	\$430840056	\$-90026486

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$742769	\$-742769
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$1576	\$2341367	\$-2339791

Comments

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